Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Port PAC 16633 Ventura Blvd., #1008 ADDRESS (number and street) (Check if address is changed) Encino 91436 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jane20@pacbell.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00626184 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Jane Leiderman Type or Print Name of Treasurer Jane Leiderman [Electronically Filed] 09 19 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	I I	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	progeted fund or party
(f)	×	committee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na	ame	
Port PAC		
Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
ALAN LOWENTHAL	FOR CONGRESS	
Mailing Address	16633 VENTURA BLVD # 1008	
	ENCINO CA CITY STAT	91436
Custodian of Records:	dentify by name, address (phone number optional) and position of the	
books and records.		
Jane Le	oidorman	
Full Name		
Full Name LIL	16633 Ventura Blvd., #1008	
		91436
	16633 Ventura Blvd., #1008	
Mailing Address	16633 Ventura Bivd., #1008 Encino CA	
Mailing Address Title or Position Treasurer	CITY STATE Telephone number and address (phone number optional) of the treasurer of the commit	ZIP CODE 323 - 655 - 4065
Mailing Address Title or Position Treasurer Treasurer: List the name any designated agent (e.g.	CITY STATE Telephone number and address (phone number optional) of the treasurer of the commit	ZIP CODE 323 - 655 - 4065
Mailing Address Title or Position Treasurer Treasurer: List the name any designated agent (e.g. Full Name Jane League)	CITY STATE CITY Telephone number and address (phone number optional) of the treasurer of the commits, assistant treasurer).	ZIP CODE 323 - 655 - 4065
Title or Position Treasurer Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	CITY STATE Telephone number and address (phone number optional) of the treasurer of the commig., assistant treasurer).	ZIP CODE 323 - 655 - 4065
Title or Position Treasurer Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	CITY STATE Telephone number and address (phone number optional) of the treasurer of the commig., assistant treasurer).	ZIP CODE 323 - 655 - 4065 ittee; and the name and address of

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Full Name of Designated Agent		
Mailing Address		
	CITY	TATE ZIP CODE
Title or Position		
	Telephone numbe	er
safety deposit boxes		
safety deposit boxes Name of Bank, Depo	or maintains funds.	
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. irst Republic Bank	
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. irst Republic Bank	CA 90017
safety deposit boxes Name of Bank, Depo	irst Republic Bank 888 S Figueroa St Los Angeles	
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. irst Republic Bank 888 S Figueroa St Los Angeles CITY S	CA 90017
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. irst Republic Bank 888 S Figueroa St Los Angeles CITY S	CA 90017
safety deposit boxes Name of Bank, Depo	irst Republic Bank 888 S Figueroa St Los Angeles CITY Signature Science Sc	CA 90017
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Safety deposit boxes Name of Bank, Depo	irst Republic Bank 888 S Figueroa St Los Angeles CITY Signature Science Sc	CA 90017

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Alan Lowenthal 16633 Ventura Blvd.,#1008 Mailing Address 91436 Encino CA **CITY** STATE 4 ZIP CODE Relationship: × Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number